

EPA Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

15-178-07

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies. **910609**

IL # 347

15-000-001-367

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name SHELL OIL COMPANY
Street P. O. BOX 262
City WOOD RIVER State IL Zip Code 62095

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site WOOD RIVER MANUFACTURING COMPLEX
Street SALLA AND ROUTE 111
City ROXANA County MADISON State IL Zip Code 62084

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) - WALLS, C. G. - MGR ENVIRONMENTAL CONSERVATION
Phone (618) 254-7371

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage or disposal began and ended at the site.

From (Year) 1917 To (Year) 1980

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

Source of Waste:

Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site located.

K048	}	WASTE BOTTOMS	
K049			
K051			
K052			
*U188		PHENOL CORROSIVE BENZENE REACTIVE	
D002			
**U019			
D003			

*Solids, sludges, etc., minimally contaminated with phenol.

**Dredging clays, minimally contaminated with benzene. 5-981



JUN 12 1981

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State **IL**

Zip Code **62095**

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Street **SAIA AND ROUTE 111**

City **ROXANA**

County **MADISON**

State **IL**

Zip Code **62084**

ILL 080012305

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Name (Last, First and Title) **WALLS, C. G.-MGR ENVIRONMENTAL CONSERVATION**

Phone **(618) 254-7371**

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Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) **1917** To (Year) **1980**

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Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

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Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- 1. ☐ Organics
- 2. ☐ Inorganics
- 3. ☐ Solvents
- 4. ☐ Pesticides
- 5. ☐ Heavy metals
- 6. ☐ Acids
- 7. ☐ Bases
- 8. ☐ PCBs
- 9. ☐ Mixed Municipal Waste
- 10. ☐ Unknown
- 11. ☐ Other (Specify)

Source of Waste:

Place an X in the appropriate boxes.

- 1. ☐ Mining
- 2. ☐ Construction
- 3. ☐ Textiles
- 4. ☐ Fertilizer
- 5. ☐ Paper/Printing
- 6. ☐ Leather Tanning
- 7. ☐ Iron/Steel Foundry
- 8. ☐ Chemical, General
- 9. ☐ Plating/Polishing
- 10. ☐ Military/Ammunition
- 11. ☐ Electrical Conductors
- 12. ☐ Transformers
- 13. ☐ Utility Companies
- 14. ☐ Sanitary/Refuse
- 15. ☐ Photofinish
- 16. ☐ Lab/Hospital
- 17. ☐ Unknown
- 18. ☐ Other (Specify)

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K048
K049
K051
K052
*U188
D002
**U019
D003

*Solids, sludges, etc., minimally contaminated with phenol.

Drilling clays, minimally contaminated with benzene **JUN -9 81

JUN 12 1981

F. Waste Quantity:

Place an X in the appropriate box to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type:

1. ☒ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☒ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

☒ cubic feet ~~10,800,000~~

☐ gallons 80,800,000

Total Facility Area

☒ square feet 1,965,900

☐ acres ~~45~~

G. Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☐ Not Known

☒ - Do Not Know

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H. Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I. Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J. Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name A. R. WILLIAMS

Street P. O. BOX 262

City WOOD RIVER State IL Zip Code 62095

Signature *A. Williams* Date 6/9/81

- ☒ Owner, Present
☐ Owner, Past
☐ Transporter
☒ Operator, Present
☐ Operator, Past
☐ Other

Waste Quantity:

Place an X in the appropriate box to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

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- 9. ☐ Other (Specify) _____

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gallons 80,800,000

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☒ square feet 1,965,900

acres ~~45~~ 4.5

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Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☐ Other

☒ - Do Not Know

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

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Name A. R. WILLIAMS

Street P. O. BOX 262

City WOOD RIVER

State IL Zip Code 62095

Signature A. Williams

Date 6/9/81

- ☒ Owner, Present
- ☐ Owner, Past
- ☐ Transporter
- ☒ Operator, Present
- ☐ Operator, Past
- ☐ Other

SITE DATA

6667

C.I. ID: *---* *---* *---* SITE NAME: SHELL OIL COMPANY

0

--- *---* STREET: 82 112 & RT 111

10

NATIONAL PRIORITY: AL CITY: BUREAU

11

PCRA STATUS INT.: 0 COUNTY NAME: HANSON

12

HAZARD HANDLING SCORE (HPS): *---* PLS DATE (YY/MM): *---/---*

13

RESPONSE TERMINATION (CHECK ONE): NO *---* NO FURTHER AC

14

UNED

ENFORCEMENT DISPOSITION (CHECK ALL THAT APPLY): *---* ENFORCED DIS

15

--- ENFORCED DIS

16

PERSONAL EVENTS

17

EVENT TYPE (CODE)	DATE (YY/MM) STARTED	DATE (YY/MM) COMPLETED
---	---	---

18

GIVE DISCOVERY (GD) *---/---*

19

PRELIMINARY ASSESSMENT (PA) *---/---*

20

FIELD INVESTIGATION (SI) *---/---*

21

REMEDIAL ACTION (RD) *---/---*

22

REMOVAL ACTION (RV) *---/---*

23

ENFORCEMENT EVENTS

24

ENFORCEMENT INVESTIGATION (EI) *---/---*

25

ADMINISTRATIVE ACTION (AA) *---/---*

26

JUDICIAL ACTION (JA) *---/---*

27

PROTECTION AGENCY
COLLECTION

PAGE: 894
DATE: 8/2/00/22

305 SHEET: 1

2 DEF

SITE NAME SUBJECT: 1

CORG. DIST.: *23

STATE: IL ZIP: *62081-

LATITUDE: ___/___/___*

COUNTY CODE: *119*

LONGITUDE: *___/___/___*

FOR

POSIBLE PARTY *..* VOLUNTARY RESPONSE

USE *..* COST RECOVERY

CONDUCTED BY
STA STATE RESP/PARTY OTHER

COURTS

LO/CS